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May 3, 2022

The Honorable Hildy Bowbeer Magistrate Judge of U.S. District Court United States District Court 316 N. Robert Street St. Paul, MN 55101

Re: Blue Cross and Blue Shield of North Carolina, et. al. v. Rite Aid Corporation and Rite Aid Hdqtrs. Corp. Case No. 0:20-cv-01731-ECT/HB

Dear Magistrate Judge Bowbeer,

As instructed, attached please find the hearing transcript and order from proceedings before the Superior Court of the State of Delaware in the case of *Envolve Pharmacy Solutions v. Rite Aid* (N19C-12-214).

Sincerely, /s/ K. Jon Breyer K. Jon Breyer, Esq.

cc: All Counsel (via ECF)

1	IN THE SUPERIOR COURT OF THE STATE OF DELAWARE
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4	ENVOLVE PHARMACY : CA NO.: N16C-12-214 SOLUTIONS, INC., et al PRW (CCLD)
5	SOLUTIONS, INC., et al PRW (CCLD)
6	v. :
7	RITE AID HDQTRS, CORP., :
8	et al :
9	
10	BEFORE THE HONORABLE PAUL R. WALLACE, J.
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12	
13	MONDAY, 11 APRIL 2022
14	PLAINTIFFS' MOTION TO COMPEL DEFENDANTS' PRODUCTION OF DOCUMENTS
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1	Monday, 11 April 2022
2	9:00 a.m.
3	Zoom via CourtScribes
4	PRESENT
5	AS NOTED:
6	THE COURT: Counsel, good morning.
7	This is the time the Court has set
8	to hear the Motion to Compel that has been
9	filed in Envolve v. Rite Aid.
10	Would you tell me who is presenting
11	on behalf of each side?
12	Mr. DeSanto, you seem to be breaking
13	up. Why don't you give it another try.
14	You are just coming in and out. I
15	don't know what you have a bad connection,
16	or something.
17	MR. DESANTO: Is this better?
18	THE COURT: That is better.
19	MR. DESANTO: Maybe I am sitting a
20	little too far from my desk.
21	Is that better?
22	THE COURT: Much better.
23	MR. DESANTO: Sorry about that.

THE COURT: Who is arguing this? 1 This is Tom Sullivan 2 MR. SULLIVAN: from Shook Hardy, and I will present for Rite 3 Aid. 4 THE COURT: Go ahead, Mr. DeSanto, 5 6 present your motion. 7 MR. DESANTO: Good morning, Your Honor. 8 9 May it please the Court, my name is 10 Jerome DeSanto. I am going to be presenting 11 today's Motion to Compel against Rite Aid on behalf of the Plaintiffs. 12 I will be referring to Plaintiffs 13 collectively on this motion as Centene. 14 By way of brief background, Your 15 16 Honor, this case arises from Rite Aid 17 misreporting of its usual and customary 18 charges on claims submissions for prescription drug claims that it submitted to 19 Centene for reimbursement. 20 21 Rite Aid misreported its U&C charges 22 under various contracts affecting the 23 Parties' relationship by excluding its RSP

program pricing from its U&C submissions on 1 prescription drug costs. 2 THE COURT: Mr. DeSanto, we can 3 agree, though, that that U&C definition had a 4 particular definition applicable to these 5 6 agreements; correct? So, yes, Your Honor, 7 MR. DESANTO: we agree that there are numerous contracts at 8 issue in this case. 9 There is the 2003 contract between 10 11 Envolve and Rite Aid. There is the 2013 contract between Envolve and Rite Aid. 12 Those contracts underlie Envolve's breach of 13 14 contract claim against Rite Aid. There are also numerous contracts 15 16 with third-party PBMs, Caremark and Argus, which --17 18 Mr. DeSanto, that is not THE COURT: the question I asked you at all. 19 Is there one unified definition of 20 21 U&C for the purposes of this litigation and 22 these contracts? 23 MR. DESANTO: We think that the

definition of U&C across all contracts that are at issue in this case are consistent, and that they are clear, and that they require Rite Aid to include in its calculation of U&C its program pricing.

Our position with respect to -- so there are two discovery requests that are at issue, general discovery requests that are at issue, on this Motion to Compel.

The third is what I will refer to as the State Medicaid discovery. And the State Medicaid discovery, what we are seeking here are communications and documents relating to Rite Aid's reporting of its usual and customary charge to State Medicaid agencies; relevant extrinsic evidence as to what the contracts at issue mean when they define the term U&C in the event a court determines a need to go outside the four corners of the agreement at issue to determine what U&C means.

Again, our position is that -
THE COURT: And this gets me back to

my first question, that the Court is going to have to go outside of contractual language here.

MR. DESANTO: Our position is that the contracts are clear and consistent, and that Rite Aid violated their terms.

However, Rite Aid has indicated through its own actions in discovery the need that it may need to consider extrinsic evidence because we are not quite sure what position Rite Aid is going to take in this case with respect to the contracts, if they are clear or not, and what its position with respect to contractual meaning is.

And because we can't predict at this point whether or not the Court is going to need to go outside the four corners, or if Rite Aid is going to press the Court in going outside the four corners of the contracts, both Parties at this point in time are engaged in the process of collecting extrinsic evidence as to the contractual meaning.

Rite Aid has been doing this. It has taken the position in other litigations that an industry meaning of U&C defaults to exclusion of RSP pricing.

It has it has indicated a position in this case that it may take that the industry standard of U&C, that there is no uniform understanding of U&C.

But what Rite Aid has been doing in discovery, as is Centene, is it has engaged in taking discovery of extrinsic evidence.

Rite Aid has sought -- specifically industry standard evidence, or trade usage evidence.

Rite Aid has sought industry standard evidence of least seven third parties, including other pharmacies and PBMs, about their respective understandings of U&C and program pricing.

It is industry standard evidence from Centene seeking from Centene its own agreements and communications with other pharmacies about U&C pricing.

And even discovery has sought from

Centene -- and this is an important one -- industry standard evidence from Centene by seeking from Centene Centene's own communications with government entities about U&C pricing.

So, really, I think the point here today, Your Honor, is both Parties are engaged in building up their own respective pots of extrinsic evidence and industry standard evidence in the event the Court needs to go outside the four corners of the agreements in resolving this case.

Rite Aid has been doing it.

And, so, we think that the State

Medicaid discovery issued in its first

discovery request is relevant evidence of how
the industry understands U&C.

U&C functions in the same way for state Medicaid fee-for-service as it does for commercial payers, Medicare Part E contractors.

The requirements, there are many state Medicaid regulations near or

substantially similar to the U&C requirements in private contracts between pharmacies, PBMs.

And there is the Seventh Circuit in the seminal case *Garbe* recognized the substantial similarities between Medicaid regulations on U&C, private contracts on U&C, and Federal regulations on U&C.

Our amended complaint shows the substantial similarities between Medicaid relations on U&C, the private contracts on U&C, and the Federal regulations on U&C.

Rite Aid, in its brief, in its amicus brief, in the *Garbe* case made an argument about industry understanding of U&C in that case. And it actually cited -- and we include that as Exhibit A to our Motion to Compel -- they state to state Medicaid regulations in their industry standard argument with respect to U&C.

And, again, just to highlight, Rite Aid, in all of the discovery requests, is seeking from Centene Centene's own

communications, relevant entities, relating to U&C pricing.

So in short on this first discovery request, there is nothing materially different about Medicaid discovery that should take it outside the relevant industry standard evidence that the Parties have been taking from another.

And if Rite Aid is getting to take its own industry standard discovery, Centene should be able to do the same. And the state Medicaid discovery is relevant evidence of how the industry understands U&C.

THE COURT: As to this specific area but all of them, how do you answer your friend's overbreadth problem that you are asking for any and all; basically for everything?

MR. DESANTO: So we don't know what we don't know.

We don't know what communications
Rite Aid has had with certain state Medicaid
agencies.

We do know about our communications with at least the State of Connecticut's Medicaid agency. That was next referenced in Rite Aid's amicus brief in the *Garbe* case.

We do know that Rite Aid has had communications with the State of Oregon state Medicaid agency about reporting U&C. That is another one that is mentioned in Rite Aid's amicus brief in the *Garbe* case.

THE COURT: Okay.

MR. DESANTO: Moving on then, we also think state Medicaid evidence, briefly, Your Honor, is relevant to the statute of limitations issue that Rite Aid has put at issue in this case.

Rite Aid has argued statute of limitations. Centene has argued in response to that argument the tolling doctrine of fraud and concealment.

Again, based on Rite Aid's *Garbe* brief, upon information and belief,
Connecticut state Medicaid called Rite Aid out for U&C reporting practices in 2010.

Upon further information and belief, Oregon State Medicaid called Rite Aid out in 2011 for its reporting in U&C.

Despite having notice from each state Medicaid agency that what Rite Aid was doing was possibly improper with respect to its reporting of U&C, Rite Aid continued hide from the rest of the industry, Centene included, its U&C reporting practices. And we think this cuts right to the question of whether Rite Aid, quote, knew about the wrongfulness of its actions, an element of the fraudulent concealment doctrine that this Court noted in its motion to dismiss opinion.

The State Medicaid discovery is, therefore, we think, relevant to the statute of limitations issue. We think it cuts to whether they had notice of the alleged wrongfulness of its actions. And that is relevant to the statute of limitations argument that is going to be had in this case.

So Rite Aid mentions in its brief

that it might be disproportionate to producing this evidence to the needs of the case. We don't think so. This is a \$200 million case. We don't think a custodian or two to pull these documents would be overly burdensome.

Rite Aid also raises issue of that some of these documents may be privileged. We think that is a red herring, and it is not an excuse to withhold this category of documents. This wholesale communications with state Medicaid entities, by their very nature, would not be privileged as it would be involving third parties sufficient to break the attorney-client privilege.

So unless the Court has questions about this first discovery request, state Medicaid discovery, I am happy to move on to our second request.

THE COURT: That is fine, move on.

MR. DESANTO: So the second request is the other litigation's discovery. I will as refer to it as that.

So our brief identifies three litigations, the Rahimi case, the Stafford case, and Humana case as other litigations with substantially similar allegations to Rite Aid's misreporting of its usual customary charge. They all center upon that core issue.

And our focus here on this second discovery request, this other litigation's discovery, is on the transcripts; deposition transcripts from current and former Rite Aid employees, witness testimony transcripts, sworn statements from current or former Rite Aid employees, and interrogatory responses from Rite Aid.

We think that these transcripts would be highly relevant here.

We understand that former or current Rite Aid employees or executives gave testimony in these cases of U&C pricing, about its program, how it operated; essentially about the very issues that cut to the heart of this case. And that these

transcripts are, again, relevant, and they would also cut to the need for us to gather this information to either corroborate witness testimony, or to impeach it; that there is obvious deficiencies here with respect to the transcripts.

If we were to gain access to them, we could begin to truncate the length of depositions, the need to go over certain topics in deposition. We could narrow the issues for deposition; or, perhaps, in some cases, eliminate the need for certain depositions.

So our focus here on this is really with respect to the transcripts, and the interrogatory responses that Rite Aid employees, former employees, gave in these other matters.

The second part of this other litigation's discovery are the document production sets that Rite Aid produced in these other matters.

Again, the issue across the cases is

essentially the same; it is was Rite Aid required to report its program pricing in its U&C submissions.

Our position here is that, look, mistakes sometimes get made in submissions. This is a belt and suspenders approach. We want to make sure we are getting all of the relevant documents that Rite Aid has or had about U&C pricing, and program pricing. We think it should be pretty efficient; not much burden for Rite Aid to just reproduce these production sets.

However, if Rite Aid does not want to, or remains unwilling to produce its production sets from these other litigations, as a comprise we would be willing to accept a commitment by Rite Aid to take those production sets, apply the Parties' agreed upon search terms, review those production sets for responsiveness in this case, and go about producing the documents that way.

That is something that Rite Aid has not committed to yet in this case, but as a

compromise with respect to this, the documents in the other litigation's discovery, we would be willing to accept that, as well.

So unless the Court has further questions, we respectfully request that the Court compel production of the two discovery requests at issue on this motion. And I will reserve whatever time I have remaining for rebuttal.

THE COURT: We have already gone over your time, but that is fine.

MR. DESANTO: Okay.

THE COURT: I will hear from the other side.

MR. SULLIVAN: Your Honor, Tom Sullivan for Rite Aid. May it please the Court.

I want to focus in on one thing counsel said in his argument because I believe it really goes to the heart of the issue with regard to the Medicaid fee-for-service request. That is, they said

that Medicaid fee-for-service functions in the same way as the agreements here. That is not the case. It is not accurate.

Medicaid fee-for-service is a creature of state statute, of state regulation, and of the guidance at the state level. It is not a creature of contract.

The issues here are dictated by contract.

This is a commercial case, a commercial contract case, between Rite Aid and Centene. There is no state statute, or state regulation. And that is important, because I think that it dovetails with another point that counsel made.

They said that they need this evidence for purposes potentially of interpreting the contracts. Well, I was surprised to hear that because there really is no mention of that in their brief.

Their brief, their motion, does not connect up in any way how it is that any one of these State's statutes that govern the

fee-for-service area could be used as interpretive guidance for any one of the definitions that are in the agreements that are at issue in this case. So that makes it

THE COURT: What about your friend's suggestion that basically how you interact with these agencies, though, no matter what the statute says, and if somebody claims there is some ambiguity in this, may go to how do you, in the marketplace, determine U&C.

MR. SULLIVAN: Your Honor, every one of those state statutes and regulations is -- they are individualized. I haven't compared them to the particular agreements at issue.

And if their position is that those state statues and regulations can be used as a guide, that is exactly what they would need to do.

The agreements at issue here -
THE COURT: No, I am not saying

that -- and I don't believe that is what I

heard -- not that those statutes are the guide, but your client's interaction with those agencies, how you determine U&C there.

And maybe specifically in the guides it says discount programs don't play a factor. Maybe they do; maybe the State regulations are different.

But if someone says U&C is determined basically by how we deal with the market, and it goes across both private insurers, state insurers, Federal insurers, and overall you don't use discount programs as part of that, are you willing to commit right here that there is no ambiguity in this statute, and it is going to be a straight look at the wording of the statute.

MR. SULLIVAN: Your Honor, I would say --

THE COURT: Not the wording of the statute, I apologize; the wording of the contracts.

MR. SULLIVAN: Your Honor, I would say that the -- for one thing, the state

Medicaid fee-for-service is a whole different market.

The term "U&C," the phrase "U&C," is certainly used there, there is no question.

But that market -- I mean, for example, it is its own market within Rite Aid.

Those terms are set at the political level by state legislatures, by the regulators.

I know that there are variations between those, I know that they differ among them. I don't know all of the history behind each one of those for sure, but those negotiations are clearly different, and have clearly a different history, and a different context, and a different background than any definitions at issue in this case, even if there is the need for extrinsic evidence.

And I don't know that right now.

That was not an issue. It was teed up in the motion, frankly. They talked about notice, they talked about fraudulent concealment, and statute of limitations.

And, frankly, a lot of the -- they talked -- Mr. DeSanto mentioned the discovery we were doing of third parties. There is a lot of discovery of third parties, Your Honor, precisely because we believe there is wide industry knowledge about how these programs worked. That is certainly a critical reason for the discovery that has been at issue. And we believe it is compelling, because it shows that Centene, in our view, certainly would have known, or should have known.

So, Your Honor, the issue with the Medicaid fee-for-service is it really is a -- it is a completely different bucket. And not only is it irrelevant, but it, therefore, also imposes a significant burden if we would have to go collect for that, if we would have to produce all of that.

There has been a significant amount of discovery already in this case.

Numerous custodians were produced.
We have reviewed hundreds of thousands of

documents; produced over, I think, 25,000 documents to date. This would add on -- for an issue that is not even relevant -- would add on an incredible amount of burden, and is disproportional to the needs of this case, which is really about resolving a disagreement about a contract between these Parties; not anything to do with Medicaid fee-for-service.

And, in fact, unless I have missed it, the Medicaid fee-for-service business is not even at -- not even one of the Plaintiffs' businesses who are parties in this case.

They are not saying that Medicaid fee-for-service is -- that they are engaged in that by one of these Plaintiff parties.

So it is a combination of relevance and proportionality and burden, really. It adds nothing to resolving the claims or defenses here, in our view, and imposes a significant burden.

THE COURT: Your friend talked more

about the state programs.

What about the FEP program, where they say the matter in which U&C is determined for that was more similar, or use contractual language that was similar here.

MR. SULLIVAN: Your Honor, I believe in that instance that is -- I think what they are referring to, or the reference there was to an issue, a historical issue, that related to the role of Caremark in a contract for processing claims on behalf of FEP. That is a private agreement. That is not a Medicaid fee for-service-issue.

That, as I understand the issue, is really about communications with Caremark, which is a third party, that is clearly distinct from a Medicaid fee-for-service, or a state agency.

I don't know -- unless I have missed it, I don't think that that is squarely an issue in their Motion to Compel here. I think it was an issue that was raised in the amicus brief that they referred to that they

believe supports their position here. 1 Frankly, we believe they 2 mischaracterize the position we took in 3 Garbe. 4 The point of Garbe was simply to 5 6 point out that U&C is a concept that is at issue in two different spaces, in two 7 different areas; 8 One is in the area of private 9 10 contract, and one is in the State Medicaid 11 fee-for-service agreement. And it is noteworthy, too -- and we 12 13 make this point in our brief, Your Honor -that even *Garbe* noted the variation between 14 state regulations in its opinion, and noted 15 16 that the State regulations and those state 17 statutes are sometimes exceptions to a 18 definition of U&C. Your Honor, one quick point on the 19 notice issue. 20

They suggest that the Medicaid

fee-for-service inquiries, to the extent

there are some, would put us on notice that

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what we were doing was wrong. I don't think that really would be evidence of notice in the first instance. And, secondly, all of those inquiries, or any of those inquiries, really relate to that state's particular understanding of their own statute, of their own regulations, and not any agreement that is at issue between these parties.

So I think that distinction in terms of how Medicaid's fee-for-service works really is dispositive of the issue here. It is not based on a contract, it is not based on a private negotiation, and has a far different history.

I will address, Your Honor, as well -- unless Your Honor has more questions on the Medicaid fee-for-service issue -- address the issue of so-called other litigation requests.

First, they mention three cases:
Rahimi, Stafford, and Humana.

Your Honor, Stafford is a consumer case. It involves different issues than the

issues at play here, which are, again, between the insurer and the pharmacy, and don't have to do with the consumer.

And then Rahimi and Humana also dealt with different issues, different contracts, have different protective orders, from my understanding. And the issues testified to in those cases would be specific, I believe, to the issues in those litigations. And they are, obviously, governed by protective orders in those different litigations.

They mention the need for efficiency, and they think that if they have those transcripts, that it would make discovery more efficient in this case; yet, they have requested the same custodians, identified the same potential witnesses, haven't articulated in any way how things would be more efficient.

They are trying to basically -- and they acknowledged it on the next issue -- trying to basically get every scrap of paper

through a belts and suspenders approach that they possibly can, ignoring the burden and proportionality concerns that are part of the Delaware rules, and part of the considerations that relate to this motion.

THE COURT: But as to these two, if I recall correctly, and I am just looking, we are talking about three cases, we are talking about specifics of discovery and depositions that were taken in those cases, and only those portions that would relate to the U&C and how it is developed. Right?

MR. SULLIVAN: Your Honor, I

don't -- I didn't hear that limitation in

counsel's argument, and I can't make a

representation about what is in those

transcripts precisely. I know these

litigations did relate to U&C. U&C was at the

heart of the issues. I can't tell you what

particular testimony there was about those

things there.

And, clearly, I think counsel would have to acknowledge, the contracts are

different, the relationships are different, the parties are different, the histories of the negotiations are different. All of that is different. All of that is not the same here.

THE COURT: Okay.

MR. SULLIVAN: In terms of document production, Your Honor, I think a little bit of context is important, because this really is another burden issue.

We have, as counsel knows, collected a large number of documents. We believe that that collection includes the same documents that would have been collected -- that were collected in those other litigations.

And the documents here that have been collected have been reviewed for responsiveness, and privilege, and whatnot, and had been produced -- are being produced in this litigation.

The documents in those other
litigations are responsive to those requests
in those cases. And what counsel has asked

us to do is to take those productions and essentially -- and we would have to bear this burden -- re-reviewing them for purposes of this case, when we believe that the documents collected in those other litigations are essentially from the same universe of the documents collected here.

So it is basically forcing us -- it would force us to the expense of reviewing things that we have already reviewed before, as we understand it.

And they acknowledge that this is a belts and suspenders approach. But that belts and suspenders approach, again, is not sensitive to the costs.

Frankly, Your Honor, the amount that we have spent reviewing documents here could buy us a very nice house. I mean, this is an extraordinary amount of money that has been spent reviewing documents, and belt and suspenders is not the standard imposed on a producing party, on a reviewing party. Not to mention the fact, Your Honor, that all of

those documents, they are subject to different protective orders, they relate to different agreements.

The consumer case may involve sensitive HIPAA information that we do have a protective order here, but it is different, as we understand it. And that is why, as well, Your Honor, those documents would need to be re-reviewed, to some extent. And that is a meaningful expense, as you know.

Your Honor, unless you have further questions, I think you have a sense of our position, at this point.

THE COURT: Thank you.

Mr. DeSanto.

MR. DESANTO: Thank you, Your Honor. Very briefly.

One, I just wanted to point out that Centene is the largest Medicaid managed care payer in the country, and that U&C, at least in terms of how U&C functions as a ceiling for reimbursement, functions similarly substantially the same way as it does for

Medicaid fee-for-service.

Number Two, Rite Aid has treated

Medicaid fee-for-service, state Medicaid

agencies in the industry the same way as it

has treated insurance companies with respect

to its reporting practices of U&C.

It treated FEP payers the same way, it treated private insurance companies the same way, it treated state Medicaid payers the same way with respect to its reporting practices, unless and until it was called out by certain of those Medicaid agencies.

So Rite Aid itself really didn't recognize a difference when it came to its reporting practices.

And the last thing I want to mention, Your Honor, is with respect to, again, our focus is on the transcripts of current and former Rite Aid employees in these other matters do not invoke a protective order issued from those other cases.

Rite Aid would not need to seek the

permission to produce its testimony in those other matters in this case.

And Rite Aid, in how it opposed the motion here, shows some efficiencies that can be used with permitting production of these transcripts from other cases.

Rite Aid itself cited a transcript from another case, and appended it as an

Rite Aid itself cited a transcript from another case, and appended it as an exhibit to its opposition brief with respect to this motion.

And, so, we think that production of these transcripts from current/former Rite Aid employees are not only relevant, but would make it more streamlined for purposes of this litigation.

MR. SULLIVAN: Your Honor, if I may respond just briefly.

THE COURT: Sure.

MR. SULLIVAN: Medicaid managed care is not Medicaid fee-for-service. It's not. It is a different business line.

It is not governed by statute.

Medicaid managed care is governed by

contract.

Second, Counsel says this evidence would show that we treated everybody the same way. Well, what matters here again, Your Honor, is the contract, and that contract is different than the State statute. And, now, that response suggests that they don't really need it for interpretive purposes; that they are trying to use it for something else, and it is not really clear what that is.

Finally, as to the transcripts, Your Honor, I don't know -- I can't represent exactly what is in those transcripts. But those cases involve different arrangements, involve different agreements, and it is certainly possible, and I believe it is likely, that the testimony, to the extent those involve different business relationships, would, at least to some extent, fall under the POs in those cases. So that is certainly an additional burden on top of the relevance issues.

THE COURT: Well, have you looked at

those agreements to see whether or not they 1 used the same definitions? 2 MR. SULLIVAN: I have not seen the 3 Humana agreements, Your Honor. 4 Those agreements are typically 5 6 protected under the protective order in those 7 cases. I have heard from both THE COURT: 8 We have taken 40 minutes on a 9 10 discovery motion. I am ready to rule on the motion itself. 11 12 Superior Court Civil Rule 26(b)(1) does provide that parties may obtain 13 discovery regarding any non-privileged matter 14 that is relevant to any party's claim or 15 16 defense, and proportional to the needs of the 17 case. 18 As a general rule, the information 19 sought in discovery is relevant if there is 20 any possibility that the information sought 21 may be relevant to the subject matter of the action before the court. 22

When challenged, there are certain

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burdens that the plaintiffs have to
demonstrate to the court that it is relevant,
and that it is over burdensome. Actually,
both parties carry certain burdens there, but
I think I have heard enough to know where
those lie.

This is a matter that is governed specifically by contract language, neither party of which has been fully willing to settle on being unambiguous, but also neither of which, given the sophistication of the two parties, the Court should believe has some strong argument for ambiguity.

I do note the difference between the types of payment systems here that are involved between the State Medicaid agencies and how those may be determined, and third parties, such as we are talking about, or other parties, such as we are talking about here.

What the Court is going to do is this:

At this point, I just do not see a

significant showing of relevance as to the requests under basically the government agency, the State Medicaid agencies. So that would be Number 6, and Number 11, and if I remember correctly, Number 10.

As to 27, I find two things. One, I don't see that there is a threshold of relevance there.

Those agreements, or the work done with those state agencies, are done pursuant to statutes and regulations, and there has simply not been enough presented to the Court to believe that the statutory regulatory language is similar to the agreements that are set forth here, such that it would give any assistance in determining what interpretive meaning of the U&C here. Again, note, neither party has truly argued that there is ambiguity in this contractual language, and I just don't see that there has been enough to tell me that it will be needed, at this point.

On the other hand, I do believe that

Rite Aid has shown that there will be substantial burden in trying to go through all of that.

Using those two factors, the Court finds that as to 6, 10, and 11 -- I apologize if I don't have the numbers quite right here, but let me make sure.

Six, 10 and 11, the motion is denied.

As to 26, The Court is granting that motion as to production limited to the Rahimi, Stafford, and the Humana matters.

Any documents will be limited using the search terms already agreed upon within those discovery materials, and is ordering the transcripts of former and present Rite Aid employees, specifically as to methods and factors used by Rite Aid to determine the U&C.

As to 27, I find that that is, again, overly burdensome and really not very focused; whereas, 26 I find is a bit more focused, and especially when we limit it to

these three litigations, or arbitrations, that were identified.

This production shall be made on or before May 2nd of 2022.

The Parties may extend this period of my stipulation after a meet and confer regarding the production, because I know that there has been some discussion before.

I will file this Order, which is basically a marked up Order, some time this morning.

MR. SULLIVAN: Your Honor, may I ask one conceptual point of clarification; I do believe it is potentially important.

My understanding -- and it is not a full understanding because I was not involved in the case -- is that Rahimi is an FCA case, I believe, and may -- the essential question is, to the extent that there are Medicaid fee-for-service issues in any of those cases that I am not aware of sitting here right now, or the particularities of it, I would assume that those would not be relevant, and

would not need to be produced pursuant to the same ruling that covered 6, 10 and 11.

It is a conceptual issue. We are happy to raise it in a meet and confer, if necessary, and tee that up more clearly. But I don't have full visibility into the particularities of what was raised in each one of those cases.

THE COURT: Well, Mr. Sullivan, at this point, because I am talking about just three particular litigations, I have narrowed the scope of the potential that is out there.

To the extent it may that those litigations may have crossed into that area, I am going to deem that they are relevant for now.

But you can meet and confer on it, and if there needs to be some clarification after it is reviewed, I will deal with it then.

I will tell you that I will lean towards, I have narrowed the scope of it so greatly that a bit of overlap into other

state Medicaid programs that may have been brought up in that litigation. This is \$200 million case. That bit of overlap, or that bit of excess there, is not bothersome to the Court, and may be, in some way, relevant because it is the overall theme of the litigation taken there. Okay? Thank you, Your MR. SULLIVAN: Honor. THE COURT: All right. MR. DESANTO: Thank you, Your Honor. (Time noted: 9:49 a.m.)

CERTIFICATE OF COURT STENOGRAPHER

I, Lisa J. Amatucci, RPR, CSR, Official Court Stenographer of the Superior Court, State of Delaware, do hereby certify that the foregoing is an accurate transcript of the proceedings had, as stenographically reported by me, in the Superior Court of the State of Delaware, in and for New Castle County, in the case herein stated, as the same remains of record in the Office of the Prothonotary at Wilmington, Delaware, and that I am neither counsel nor kin to any party or participant in said action, nor interested in the outcome This certification shall be considered thereof. null and void, and the transcript will be uncertified, if the transcript is disassembled and/or copied and/or distributed and/or shared in any manner by any party without authorization of the signatory below.

WITNESS my hand this Twenty-Sixth Day of April 2022.

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/S/Lisa J. Amatucci, RPR, CSR

Lisa J. Amatucci, RPR, CSR

Official Court Stenographer

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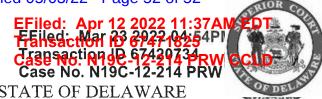
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IN THE SUPERIOR COURT OF THE STATE OF DELAWARE						
ENVOLVE PHARMACY SOLUTIONS, INC., et al.,))					
Plaintiffs,)					
V_{\star}) C.A. No. N19C-12-214 PRW) [CCLD]					
RITE AID HDQTRS. CORP., et al.,)					
Defendants.))					
[PROPOSED] ORDER GRANTING PLAINTIFFS' MOTION TO COMPEL DEFENDANTS' PRODUCTION OF DOCUMENTS						
The Court, having reviewed Plaintiffs' Motion to Compel Defendants'						
Production of Documents, and for good cause shown,						
IT IS HEREBY ORDERED this // day of April, 2022, that:						
1. The Motion is GRANTED. On on keeping May 2, 20 22						

Within ten business days of entry of this Order, Defendants shall 2.

produce documents responsive to Requests 26, of Plaintiffs' First

Requests for Document Production to Defendants. The parties may uplend this puriod by stipulation of the a meet - and - confirming whis production.

production

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within the discovery materials and the transcripts of former
and present Rite Aid employers on specifically as
to methods and factors used by Rite Aid to
determine UAC.